

# Town of Branford



**2016 Neighborhood Assistance Act Application**

OFFICE OF THE TREASURER  
BRANFORD, CONNECTICUT



1019 MAIN STREET  
POST OFFICE BOX 150

(203) 315-0663  
FAX (203) 315-3736  
WWW.BRANFORD-CT.GOV

To: All Parties Interested in 2016 Neighborhood  
Assistance Act Tax Credit Program

From: James P. Finch Jr. Finance Director/Municipal Liaison

Date: March 24, 2016

Re: 2016 Applications

I am writing to inform you that Town of Branford will be participating in the Neighborhood Assistance Act for 2016. Please find attached application forms or if you prefer you can access these forms at the Department of Revenue Services website.

Enclosed you will find application materials for the 2016 Neighborhood Assistance Act Tax Credit Program. If your organization is interested in participating in the program, please complete the application and return it to me no later than **Friday May 27, 2016.**

I would ask that you carefully read the Instructions for completing the application. Please note that I have completed most of Part IV Municipal Information. However, you should determine if a Post Project Audit is required and fill in that section on the bottom of page 4.

**Incomplete applications and applications received after the due date of May 27, 2016 will not be included in Branford's submission** to the Department of Revenue Services.

Should you have any questions or comments with regard to the application or timetable, please feel free to contact me at 315-0663.

## **2016 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions**

Complete all items on **Form NAA-01, 2016 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 25 Sigourney St Ste 2, Hartford CT 06106, or call **860-297-5687**.

---

### **Part I General Information**

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

**Program Title:** Assign a unique program title to each program for which your organization is making an application.

**Federal Form 990:** Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

### **Part II Program Information**

**Description of Program:** Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

**Need for Program:** Demonstrate a need for this program. For example, provide relevant statistics.

**Neighborhood Area to Be Served:** Describe the neighborhood or municipality this program will serve.

**Total Number of Recipients:** Provide an estimate of the number of recipients this program will serve.

**Administration of Program:** Identify the name and address of every person or organization involved in the implementation and administration of this program. Use additional sheets if necessary.

**Timetable:** Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

### **Part III Financial Information**

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

**Sources of Revenue:** The budget must include the requested NAA funding and any other anticipated revenue sources.

**NAA Funding Requested:** Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

**Other Funding Sources:** Provide a detailed description(s) and the amount(s) of all funding sources.

**Proposed Program Expenditures:** The budget must include a detailed description and the amount of all direct operating and administrative expenditures. **Expenditures must equal or exceed total funding.**

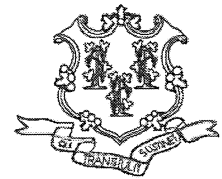
**Direct Operating Expenses:** Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

### **Part IV Municipal Information**

This part is to be completed by the municipal agency overseeing implementation of the program.

**Municipal Liaison:** The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

**Post-Project Review:** Any program receiving \$25,000 or more in NAA funding is required to provide a post-project review, prepared by a certified public accounting firm, to the municipality overseeing the program. This review must be submitted to the municipality no later than three months after the program completion date.



Municipality: Branford

**Form NAA-01**  
**2016 Connecticut Neighborhood Assistance Act (NAA)**  
**Program Proposal**

Complete this form in blue or black ink only.

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

**Part I — General Information**

Name of tax exempt organization/municipal agency: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Program title: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Total NAA funding requested** (\$250 minimum, \$150,000 maximum): \$ \_\_\_\_\_

Credit percentage for which your organization is applying:

☐ 60% ☐ 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☐ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Please check the appropriate description of your program:

- ☐ Job training/education for unemployed persons aged 50 or over;  
☐ Job training/education for disabled persons;  
☐ Program serving low-income persons;  
☐ Energy conservation;  
☐ Child care services;  
☐ Open space acquisition fund; **or**  
☐ Other: Specify \_\_\_\_\_

## Part II — Program Information

Description of program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Need for program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Neighborhood area to be served: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total number of recipients: \_\_\_\_\_

### Administration of Program:

Identify every person or organization involved in the implementation and administration of the program.  
Use additional sheets if necessary.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

**Timetable:**

Program start date: \_\_\_\_\_

Program completion date: \_\_\_\_\_

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Month your annual accounting period ends: \_\_\_\_\_

Method of accounting: ☐ Cash ☐ Accrual**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

**Sources of Revenue:**

NAA funds requested \_\_\_\_\_

Other funding sources - itemized sources:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Funding:** \_\_\_\_\_**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Administrative expenses:

Professional fund-raising fees \_\_\_\_\_

Accounting/legal &amp; other expenses - itemized:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**Total Proposed Expenditures:** \_\_\_\_\_

#### Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: \_\_\_\_\_

Town of Branford

Mailing address: \_\_\_\_\_

PO Box 150, 1019 Main Street, Branford, CT 06405

Name of municipal liaison: James Finch

Telephone number: 203-315-0663

Fax number: 203-315-3736

Email address: jfinch@branford-ct.gov

#### Post-Project Review

Is a post-project review required for this proposal?

☐ Yes

☐ No

If **Yes**, date post-project review due:

\_\_\_\_\_  
Date